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7590

12/18/2003

McGuire Woods LLP  
1750 Tysons Boulevard  
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McLean, VA 22102-4215



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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/068,074	02/05/2002	Darren Kenneth Rogers	1559(TOUCHSTONE)	8194

TITLE OF INVENTION: CARBON FOAM ABRASIVES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	03/18/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
MEDLEY, MARGARET B	1714		044-620000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<u>1 McGuireWoods LLP</u>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b>		3. _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

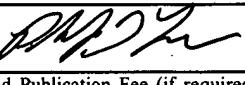
(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Touchstone Research Labortory, Ltd.

Triadelphia, West Virginia

Please check the appropriate assignee category or categories (will not be printed on the patent);	<input type="checkbox"/> individual	<input checked="" type="checkbox"/> corporation or other private group entity	<input type="checkbox"/> government
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):		
<input checked="" type="checkbox"/> Issue Fee	<input checked="" type="checkbox"/> A check in the amount of the fee(s) is enclosed.		
<input checked="" type="checkbox"/> Publication Fee	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u>	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>23-1951</u> (enclose an extra copy of this form).		

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(Authorized Signature)  Philip D. Lane  Philip D. Lane	(Date)  March 15, 2004						
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